

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 10-OCT-2015		TIME 19:15:00	2. ADDRESS OF OCCURRENCE 3647 W 64TH PL CHICAGO, IL 60629			3. LOCATION CODE 092	4. BEAT/OCCUR 0823	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO																																																																																																																																																																									
	6. POSITION 9161	7. LAST NAME GUZMAN-SANCHEZ	8. FIRST NAME ERNESTO	9. STAR NO. 13383	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WWH	12. HT 507	13. WT 167																																																																																																																																																																										
SUBJECT INFORMATION <input type="checkbox"/> DNA	14. DATE OF APPT. 17-OCT-2011	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 008 0824	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																																																												
	20. LAST NAME CARRIZALES	21. FIRST NAME CESAR	22. M.I. N	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE I	25. D.O.B. 07-FEB-1974	26. HT 511	27. WT 195																																																																																																																																																																										
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	28. ADDRESS 3640 W 65TH ST CHICAGO, IL 60629		29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No <input type="checkbox"/> 03 Yes <input type="checkbox"/> 04 No																																																																																																																																																																												
	33. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		34. WHERE WAS MEDICAL TREATMENT OBTAINED?																																																																																																																																																																															
MEMBERS RESPONSE <input type="checkbox"/> DNA	35. BY WHOM? [REDACTED]		36. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																																																																																																															
	37. CHARGES PLACED 720 ILCS 5.0/21-1-A-1, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4		38. CB NO 19202917	39. IR NO	40. DNA																																																																																																																																																																													
<table border="1"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAILANT:ASSAULT</th> <th colspan="2">ASSAILANT:BATTERY</th> <th colspan="2">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION</td> <td><input checked="" type="checkbox"/></td> <td>PLED</td> <td><input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input checked="" type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input checked="" type="checkbox"/></td> <td>PULLED AWAY</td> <td><input checked="" type="checkbox"/></td> <td>OTHER _____</td> <td>OTHER _____</td> <td>ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/></td> <td>WEAPON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td></td> 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WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	41. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)		RANK	STAR NO	UNIT NO	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																																																																												
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																																																																																																																																																																														
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial	49. WEATHER CONDITIONS CLEAR	50. MODEL																																																																																																																																																																													
51. MAKE/MANUFACTURER		52. BARREL LENGTH	53. CALIBER/GAUGE																																																																																																																																																																															
54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters)	56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.																																																																																																																																																																											
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		63. TOTAL NO. OF SHOTS MEMBER FIRED																																																																																																																																																																											
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																																																																											
69. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		72. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																																																																																																												
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		74. ADDITIONAL INFORMATION		75. EVENT NO. 1528312947		76. R.D. NO. HY457172																																																																																																																																																																												

LOC# 1081085  
Attachment# 2

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE		
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC		
	NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC		
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			
40. ADDITIONAL INFORMATION     			
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>GUZMAN-SANCHEZ, ERNESTO</b> 10-OCT-2015 22:08:08	STAR/EMPLOYEE NO. <b>13383</b>	SIGNATURE 
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		
	74. REVIEWING SUPERVISOR (Print Name) <b>TULLY, SEAN F</b>	STAR NO. <b>1090</b>	SIGNATURE 
		DATE REVIEWED <b>10-OCT-2015 22:11:24</b>	TIME

**Additional discharged weapons:**

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**
 DNA

 REFUSED

 INTERVIEW NOT CONDUCTED (Specify Reason)

**76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS**

The R/Lt. finds that the Officers followed the Use of Force model in dealing with an active resister.

**77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

**78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

**79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**

MACIEJEWSKI JR, JOHN A

BO.

TRR

OF

TRR(S)

**81. TOTAL TRR's THIS EVENT No.**

2

SIGNATURE

DATE COMPLETED

TIME

10-OCT-2015 22:37:00